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UTILITY **PATENT APPLICATION TRANSMITTAL**

MVC-1 Attorney Docket No. Valdez-Campbell First Inventor MULTI-ARTICLE STORAGE CARRIER

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Express Mail Label No. EJ789113138US

See MPEP chapter 600 concerning utility patient application contents. Total Pages Total Pages Total Pages 34 1	APPLICA	ATION ELEMENTS		DDRESS	777		sioner for Patents	
Fee Transmittal Form (e.g., PFO/SB/17) X	See MPEP chapter 600 cor	1 marri attarit i deprotation						
2. XX Specification is a limit of many status. 3. Specification in the many status. 4. Specification in the many status of the s	Fee Transmittal	7. CD-ROM or CD-R in duplicate, large table or						
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Customer Number or Bar Code Label [Insert Customer No. or Attack bar code table] or XXX Correspondence address below Name James K. Poole, Esq. P. 0. Box 925 Address City Loveland State Country Vis.A. Telephone Proole Registration No. (Attorney/Agent) Signature 19. Correspondence address below Correspondence address below Address Correspondence address below AXX Correspondence address below Fax (970) 472–504 Registration No. (Attorney/Agent) Date 11/13/01	DON JO, 15 CONSIDERED A DARE O	ii uie disclosure of the accompanying c	continuatio	ir divicional annli	oi bue neiten	havabu ina	or is supplied under prated by reference.	
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Address City Love1and State CO Zip Code 80539 Country U.S.A. Telephone (970) 472-5061 Fax (970) 472-5041 Name (Print/Type) James K. Poole Registration No. (Attorney/Agent) 30,676 Signature Date 11/13/01	Name		q •	·····				
City Loveland State CO Zip Code 80539 Country U.S.A. Telephone (970) 472-5061 Fax (970) 472-504 Name (Print/Type) James K. Poole Registration No. (Attorney/Agent) 30,676 Signature Date 11/13/01	•	P. O. Box 925						
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Name (Print/Type) James K. Poole Registration No. (Attorney/Agent) 30,676 Signature Date 11/13/01	City		Sta			Zip Code	80539	
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Date 11/13/01	Name (Print/Type)			Registration No	o. (Attorney/	Agent) 30,	676	
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Patent fees are subject to annual revision.

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TOTAL AMOUNT OF PAYMENT

Complete if Known						
Application Number						
Filing Date	Nov. 13, 2001					
First Named Inventor	Yaldez-Campbell					
Examiner Name						
Group Art Unit						
Attorney Docket No.	MVC-1					

METHOD OF PAYMENT	FEE CALCULATION (continued)					
1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:	3. ADDITIONAL FEES Large Small NONE					
Deposit Account	Entit					
Number Deposit	Fee Code	fee (\$)	Fee Code	Fee e (\$)	Fee Description	Fee Paid
Account Name	105	130	205	65	Surcharge - late filing fee or oath	
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
Applicant claims small entity status.	139	130	139	130	Non-English specification	
XX See 37 CFR 1.27	147 2	,520	147	2,520	For filing a request for ex parte reexamination	
2. Payment Enclosed: XIXX Check Credit card Money Other	112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
FEE CALCULATION	113 1	,840*	113	1,840*	Requesting publication of SIR after Examiner action	
1. BASIC FILING FEE	115	110	215	55	Extension for reply within first month	
Large Entity Small Entity	116	390	216	195	Extension for reply within second month	
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	117	890	217	445	Extension for reply within third month	
404 740 004 055 1878 577 6	118 1	,390	218	695	Extension for reply within fourth month	
101 710 201 355 Utility faling fee 370 106 320 206 160 Design filing fee	128 1	,890	228	945	Extension for reply within fifth month	
107 490 207 245 Plant filing fee	119	310	219	155	Notice of Appeal	
108 710 208 355 Reissue filing fee	120	310	220	155	Filing a brief in support of an appeal	
114 150 214 75 Provisional filing fee	121	270	221	135	Request for oral hearing	
SUDTOTAL (4) (6) 370	138 1	,510	138	1,510	Petition to institute a public use proceeding	
SUBTOTAL (1) (3)	140	110	240	55	Petition to revive - unavoidable	
2. EXTRA CLAIM FEES NONE Fee from	141 1	,240	241	620	Petition to revive - unintentional	
Extra Claims below Fee Paid	142 1	,240			Utility issue fee (or reissue)	
Total Claims	143	440	243	220	Design issue fee	
Claims — — — — — — — — — — — — — — — — — — —	144	600	244	300	Plant issue fee	
Multiple Dependent	122	130	122	130	Petitions to the Commissioner	
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Large Entity Small Entity Fee Fee Fee Fee Description	126	180	126	180	Submission of Information Disclosure Stmt	
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581	40	581	40	Recording each patent assignment per property (times number of properties)	
102 80 202 40 Independent claims in excess of 3	146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
104 270 204 135 Multiple dependent claim, if not paid	149	710	249	355	For each additional invention to be	
109 80 209 40 ** Reissue independent claims over original patent				~	examined (37 CFR § 1.129(b))	
110 18 210 9 ** Reissue claims in excess of 20	179	710	279	355	Request for Continued Examination (RCE)	
and over original patent	169	900	169	900	Request for expedited examination of a design application	
SUBTOTAL (2) (\$) 0	Other f	ee (sp	ecify)			
**or number previously paid, if greater; For Reissues, see above	*Reduc	ed by	Basic	Filing	Fee Paid SUBTOTAL (3) (\$) 0	

SUBMITTED BY Complete (if applicable)								
Name (Print/Type)	laman / Daala	Registration No. (Attorney/Agent) 30,676	Telephone (9	70)472-5061				
Signature	James K. Poole		Date 1	1/13/01				

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